

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mug	133 W	
O.I.P.E. CLASSIFIER		1	30-14-00
FORMALITY REVIEW	iw	67479	5-2-00
RESPONSE FORMALITY REVIEW	ur	67479	6-16-W

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/02
2	✓	✓	12/03
3	✓	✓	10/03
4	✓	✓	10/03
5	✓	✓	10/03
6	✓	✓	10/03
7	✓	✓	10/03
8	✓	✓	10/03
9	✓	✓	10/03
10	✓	✓	10/03
11	✓	✓	10/03
12	✓	✓	10/03
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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